



EFE/EFA STUDENT ABSENCE REQUEST

| | will be absent fro | om | on | | |
|---------------------|------------------------------|---------|--------------------------------------|------------------|--|
| Student Name | | EFE/EFA | Class or High School Date | Date | |
| rom | | | | | |
| Duration of absence | EFE/EFA Instructor Signature | Date | High School Representative Signature | Date | |
| eason/Comments: | | | | | |
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